# Operating Permit Application Packet for

## Stand-Alone Surface Area Disturbance



Prepared by
Division of Environmental Protection
Bureau of Air Pollution Control
Class II Permitting Branch
Revised June 2003

# State of Nevada Division of Environmental Protection Bureau of Air Pollution Control

### APPLICATION FOR CLASS II OPERATING PERMIT

Please return to: Nevada Division of Environmental Protection

Bureau of Air Pollution Control, Class II Permitting Branch

333 West Nye Lane

Carson City, Nevada 89706-0851 (775) 687-4670 FAX (775) 687-6396

#### **General Information**

- This application is available from the Bureau of Air Pollution Control in a Microsoft Word file, or on the internet at www.ndep.nv.gov/bapc. All information required in the application may be computer generated and submitted to the Bureau on 3-1/2" disk(s) or CD(s). In addition, one printed copy must be submitted.
- All information required by the "General Company Information" and by the relevant forms in Appendices 1 through 3 must be completed.
- The application filing fee required by NAC 445B.327 must be submitted with the completed application. The fee for a new Class II surface area disturbance permit, or the renewal of a Class II surface area disturbance permit, is \$400. The fee for a revision of a Class II surface area disturbance permit is \$200. Checks must be made payable to: Nevada State Treasurer, Environmental Protection.
- This application packet shall be used for new stand alone surface area disturbance permits, renewal of stand alone surface area disturbance permits, or for revision of stand alone surface area disturbance permits. Surface area disturbance permits are required for any disturbances that are of five acres or more. If other activities that have the potential to impact air quality are planned, other permits may be required.
- An application for a Class II surface area disturbance permit must be signed by a responsible official, as defined in NAC 445B.156. The certification/signature page is contained in Appendix 3.
- All items in the application must be addressed. If an item does not apply "N/A" or similar notation must be entered in the appropriate blank. All other information must be provided. Incomplete applications will be returned to the responsible official within 10 working days of receipt of the application packet.
- A <u>complete</u> application for renewal of a Class II Operating Permit must be submitted at least 30 calendar days before the expiration date of the current permit. The Bureau of Air Pollution Control suggests that the application be submitted well in advance of the 30 day deadline to ensure the application is complete.
- Assistance in completing the application is available from the Business Environmental Program, University of Nevada, Reno, at (775) 689-6678 or (800) 882-3233 (toll-free).
- Nevada Administrative Code 445B.22037 requires fugitive dust to be controlled, and requires an ongoing program, using best practical methods, to prevent particulate matter from becoming airborne. All construction activities which have the potential to adversely affect the local air quality must implement all appropriate measures to limit controllable emissions. Appropriate measures for dust control may consist of a phased approach to acreage disturbance rather than disturbing the entire area all at once; using wet suppression through such application methods as water trucks or water spray systems to control wind blown dust; the application of soil binding agents or chemical surfactant to roadways and areas of disturbed soil; as well as the use of wind-break or wind-limiting fencing designed to limit wind erosion of soils.

# Application for Class II Air Quality Operating Permit for Stand-Alone Surface Area Disturbance



#### GENERAL COMPANY INFORMATION

All applicants shall complete each item or explain in the space provided why no information is needed. Please specify "N/A" (Not Applicable) if necessary. The application will be returned to the applicant if it is deemed incomplete.

| (Name)                                              |                                |                                              |
|-----------------------------------------------------|--------------------------------|----------------------------------------------|
| (Address)                                           |                                |                                              |
| (City)                                              | (State)                        | (Zip Code)                                   |
| Owner's Name and Ado                                | dress [NAC 445B.295.1]:        |                                              |
| (Name)                                              |                                |                                              |
| (Address)                                           |                                |                                              |
| (City)                                              | (State)                        | (Zip Code)                                   |
| (Address)                                           | (State)                        | (Zip Code)                                   |
| Physical Location of St<br>4 miles south of I-80 at |                                | ]: (if no physical address, describe locatio |
| Township(s)                                         | Range(s)                       | Section(s)                                   |
| Plant Manager or Other                              | Appropriate Contact [NAC 445B. | 295.1]:                                      |
| (Name)                                              | <u> </u>                       | (Title)                                      |
| (Address)                                           |                                |                                              |
| (City)                                              | (State)                        | (Zip Code)                                   |
|                                                     |                                |                                              |

#### GENERAL COMPANY INFORMATION (CONTINUED)

| (Name)                                                         | (T                                                                                                                                                                                                                | (Title)                                                     |  |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
| (Address)                                                      |                                                                                                                                                                                                                   |                                                             |  |
| (City)                                                         | (State)                                                                                                                                                                                                           | (Zip Code)                                                  |  |
| (Telephone #)                                                  | (FAX #)                                                                                                                                                                                                           | (E-mail address)                                            |  |
| Address)                                                       |                                                                                                                                                                                                                   |                                                             |  |
|                                                                | (8 )                                                                                                                                                                                                              | (Zip Code)                                                  |  |
| (City)                                                         | (State)                                                                                                                                                                                                           | (Zip Code)                                                  |  |
| A new Class II Op<br>Renewal of a Class<br>Revision of a Class | (State)  sing submitted for the following (please perating Permit for Surface Area Disturbs II Operating Permit for Surface Area Sis II Operating Permit for Surface Area ing Permit for Surface Area Disturbance | check appropriate box below): bance Disturbance Disturbance |  |

# Appendix 1

# SURFACE AREA DISTURBANCE APPLICATION FORM

#### **Instructions**

#### 1. Surface Area Disturbance form:

- a. Complete a Surface Area Disturbance application form for any land disturbance that will equal or exceed 5 acres of total disturbance.
- b. Submit as part of the application a dust control plan for each surface area disturbance that will equal or exceed 20 acres of total disturbance. If the surface area disturbance is located in Pahrump Valley (HA 162) and equals or exceeds 5 acres of total disturbance, please submit a dust control plan with all applications. Provide the dust control plan as part of Appendix 2. The BAPC Surface Area Disturbance Permit Dust Control Plan (PLAN) Preparation Guidelines can be obtained on the Internet at www.ndep.nv.gov/bapc.
- c. Include in Appendix 2, a USGS 7½' or 15' map or other topographic map (with topographic lines clearly visible) indicating the following (NAC 445B.295.8):
  - (1) Exact location of all areas of surface disturbance.
  - (2) Property boundary.
  - (3) Location of fence or other physical barrier around source.
  - (4) Scale of map.
  - (5) UTM's, if other than a USGS 7½' or 15½ map is submitted.
  - (6) Elevation contours and contour intervals, and contour values, clearly visible and in sufficient detail to determine elevations.

#### 3. Application Certification:

Complete the certification checklist for all forms and information provided in your application submittal. The responsible official must sign and date the application certification found in Appendix 3.

#### SURFACE AREA DISTURBANCE APPLICATION FORM CLASS II OPERATING PERMIT

Project Name

| Overall disturbance locatio 22): | n description (please provide)                                                                                  | subdivision of section, i.e. NE1/4 o | f Section                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Township                         | ; Range                                                                                                         | ; Section(s)                         | ;                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| a. b. c. d. e.                   | -<br>-<br>-<br>-                                                                                                | h location listed above:             |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| f                                | =                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                  | Township Township Township Township Township Township Township  Township  Indicate the total number o  a. b. c. | Township                             | Township ; Range ; Section(s)  Indicate the total number of acres to be disturbed for each location listed above: |

- s. Nevada Administrative Code 445B.22037 requires fugitive dust to be controlled (regardless of the size or amount of acreage disturbed), and requires an ongoing program, using best practical methods, to prevent particulate matter from becoming airborne. All activities which have the potential to adversely affect the local air quality must implement all appropriate measures to limit controllable emissions. Appropriate measures for dust control may consist of a phased approach to acreage disturbance rather than disturbing the entire area all at once; using wet suppression through such application methods as water trucks or water sprays systems to control wind blown dust; the application of soil binding agents or chemical surfactant to roadways and areas of disturbed soil; as well as the use of wind-break or wind-limiting fencing designed to limit wind erosion of soils.
- 6. <u>Dust Control Plan</u> (please visit http://ndep.nv.gov/bapc for additional information regarding dust control plans).
  - a. For Pahrump Valley, please include a dust control plan in Appendix 2 if the total number of acres to be disturbed listed in 3 above equals or exceeds 5 acres.
  - b. Please include a dust control plan in Appendix 2 if the total number of acres to be disturbed in number 3 above equals or exceeds 20 acres (except in Pahrump Valley in a above).

The dust control measures discussed in 5 above should be considered in the preparation of the required dust control plan. The acceptance of the dust control plan by the Bureau of Air Pollution Control does not limit the permit holder's need to control fugitive dust from the disturbance and its related activities, nor from putting into effect an ongoing program for using the best practical methods of dust control.

# Appendix 2

# MAP DUST CONTROL PLAN

# Appendix 3

# APPLICATION CERTIFICATION

Please complete the certification checklist for all forms and information provided in your application submittal. The responsible official must sign and date the application certification found in Appendix 3. If the application is signed by a person other than the responsible official, as defined in NAC 445B.156, the application will be returned as incomplete.

Note: According to NAC 445B.156, Responsible Official means:

- 1. For a corporation:
  - (a) A president;
  - (b) A vice president in charge of a principal business function;
  - (c) A secretary;
  - (d) A treasurer; or
  - (e) An authorized representative of such a person who is responsible for the overall operation of the facility and who is designated in writing by the officer of the corporation and approved in advance by the director.
- 2. For a partnership or sole proprietorship: a general partner or the proprietor, respectively.
- 3. For a municipality or a state, federal or other public agency: a ranking elected official or a principal executive officer, including, for a federal agency, a chief executive officer who has responsibility for the overall operations of a principal geographic unit of the agency.
- 4. For an affected source: the designated representative or his alternate, as defined in 42 U.S. C. § 7651 a (26).

#### APPLICATION CERTIFICATION

| Certifi<br>(Please | cation of application content consisting of the following: check each of the appropriate boxes to indicate the information provided in your application submittal)                   |  |  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                    | Company Information eral Company Information Form                                                                                                                                    |  |  |
|                    | Area Disturbance Application Form (Appendix 1) ace Area Disturbance Form                                                                                                             |  |  |
| Map                | ust Control Plan (Appendix 2) Provided Control Plan Provided                                                                                                                         |  |  |
|                    | tion Certification (Appendix 3) ication C ertification                                                                                                                               |  |  |
|                    | nal Information Requested by the Director<br>Additional Information Required by the Director                                                                                         |  |  |
| PLEAS<br>APPL      | SE NOTE THE FOLLOWING REQUIREMENTS WHICH APPLY TO PERMIT ICANTS DURING THE APPLICATION PROCESS:                                                                                      |  |  |
| A.                 | A permit applicant must submit supplementary facts or corrected information upon discovery [NAC 445B.297.1(b)].                                                                      |  |  |
| B.                 | A permit applicant is required to provide any additional information which the Director requests in writing within the time specified in the Director's request [NAC 445B.297.1(c)]. |  |  |
| C.                 | Submission of fraudulent data or other information may result in prosecution for an alleged criminal offense (NRS 445B.470).                                                         |  |  |
| CERT<br>inquir     | IFICATION: I certify that, based on information and belief formed after reasonable y, the statements contained in this application are true, accurate and complete.                  |  |  |
|                    |                                                                                                                                                                                      |  |  |
|                    | Signature of Responsible Official                                                                                                                                                    |  |  |
|                    | Print or Type Name and Title                                                                                                                                                         |  |  |
|                    |                                                                                                                                                                                      |  |  |
|                    | Date                                                                                                                                                                                 |  |  |